

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> <b>RECEIVED</b> <small>Date Received:</small>	
	Mrs	Lynda	K		
	NICKNAME	LAST	SUFFIX		
NICKNAME	Isbell				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2000 E. Ennis Ave. Ennis, Texas 75119				JAN 15 2026
Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(214)	876-7759			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	Mrs	Linda		Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
		Rudd		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 328 Log Cabin Rd. Ennis, Texas 75119				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(214)	796-8197			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	Month	Day
	/	/		12	31
			THROUGH		/ 25
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	1	/	31	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special
				Other Description _____	
12 OFFICE	OFFICE HELD (if any) City of Ennis Mayor Pro Tem			13 OFFICE SOUGHT (if known) City of Ennis Mayor	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 928.52
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 2,902.26
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 326.26
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,300.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Lynda Isbell, and my date of birth is 5-17-68  
 My address is 2000 E. Ennis Ave, Ennis, TX, 75119, US  
 (street) (city) (state) (zip code) (country)  
 Executed in Ellis County, State of TX, on the 15<sup>th</sup> day of January, 2026  
 (month) (year)

Lynda Isbell

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 650.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 278.52
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 2,300.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,902.26
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Lynda Isbell			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Butch & Jan McLellan	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; [REDACTED]	City; State; Zip Code Ennis Tx 75119	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor Jimmy & Charlene Russell	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>150.00</b>
	Contributor address; [REDACTED]	City; State; Zip Code Ennis Tx 75119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				<p><b>1</b> Total pages Schedule A2:</p>		
<p><b>2</b> FILER NAME Lynda Isbell</p>				<p><b>3</b> Filer ID (Ethics Commission Filers)</p>		
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p>\$</p>		
<p><b>5</b> Date</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jessica Hunt</p>				<p><b>8</b> Amount of Contribution \$ 278.52</p>	<p><b>9</b> In-kind contribution description buttons</p>
	<p><b>7</b> Contributor address; City; State; Zip Code [REDACTED] Ennis Tx 75119</p>				<p>Check if travel outside of Texas. Complete Schedule T.</p>	
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>			<p><b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)</p>			
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL) Stay at home mom</p>			<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)</p>			
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>			<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>			
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>						
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: .....</p>				<p>Amount of Contribution \$</p>	<p>In-kind contribution description</p>
	<p>Contributor address; City; State; Zip Code</p>				<p>Check if travel outside of Texas. Complete Schedule T.</p>	
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>						
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>						

## LOANS

## SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule E:</p>
<p>2 FILER NAME</p> <p>Lynda Isbell</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED LOANS</p>			<p>\$</p>
<p>5 Date of loan</p>	<p>7 Name of lender</p> <p>Lynda Isbell</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>9 Loan Amount (\$)</p> <p>2300.00</p>
<p>6 Is lender a financial institution?</p> <p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p>8 Lender address;</p> <p>2000 E. Ennis Ave. Ennis, Texas 75119</p>	<p>City; State; Zip Code</p>	<p>10 Interest rate</p> <p>0</p>
			<p>11 Maturity date</p>
<p>12 Principal occupation / Job title (See Instructions)</p> <p>Contractor</p>		<p>13 Employer (See Instructions)</p> <p>self-employed</p>	
<p>14 Description of Collateral</p> <p>▪ none</p>		<p>15 Check if personal funds were deposited into political account (See Instructions)</p>	
<p>16 GUARANTOR INFORMATION</p> <p>not applicable</p>	<p>17 Name of guarantor</p> <p>18 Guarantor address;</p>		<p>19 Amount Guaranteed (\$)</p>
			<p>City; State; Zip Code</p>
<p>20 Principal Occupation (See Instructions)</p>		<p>21 Employer (See Instructions)</p>	
<p>Date of loan</p>	<p>Name of lender</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Loan Amount (\$)</p>
<p>Is lender a financial institution?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Lender address;</p>	<p>City; State; Zip Code</p>	<p>Interest rate</p>
			<p>Maturity date</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Description of Collateral</p> <p>none</p>		<p>Check if personal funds were deposited into political account (See Instructions)</p>	
<p>GUARANTOR INFORMATION</p> <p>not applicable</p>	<p>Name of guarantor</p> <p>Guarantor address;</p>		<p>Amount Guaranteed (\$)</p>
			<p>City; State; Zip Code</p>
<p>Principal Occupation (See Instructions)</p>		<p>Employer (See Instructions)</p>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Lynda Isbell	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Canvas		
6 Amount (\$) <b>181.31</b>	7 Payee address; Online <small>Check if individual's residence address.</small>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	(b) Description <b>Door Knockers</b>	
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name <b>Ashleigh's</b>		
Amount (\$) <b>263.46</b>	Payee address; <b>119 South Dallas St</b> <small>Check if individual's residence address.</small>	City; <b>Ennis</b>	State; <b>Texas</b> Zip Code <b>75119</b>
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>campaign meet &amp; greet</b>	Description	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name <b>First Graphics</b>		
Amount (\$) <b>2457.49</b>	Payee address; <b>229 Garvon</b> <small>Check if individual's residence address.</small>	City; <b>Garland</b>	State; <b>Texas</b> Zip Code <b>75040</b>
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>signs</b>	Description <b>advertising</b>	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

RECEIVED  
OFFICE USE ONLY

Date Received

JAN 15 2026

CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
-----------	-----------

Date Processed

Date Imaged

Filer name <i>Lynda Isbell</i>	Filer ID #
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1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the semi annual report due on January 15, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Lynda Isbell, and my date of birth is 5-17-68.  
My address is 2000 E Ennis Ave, Ennis, TX, 75119, US.  
Executed in Ellis County, State of TX, on the 15<sup>th</sup> day of January, 20 26.

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**